

Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1.	Name of Facility Davison Residence
2.	Facility Address 18 Palo Lane Newark DE, 19702
	Is the facility located within the PJM control area? If No, does the Facility have import capabilities¹? Ves No
3.	Name of Owner W. Bruce Davison
	Mailing Address 18 Palo Lane Newark DE 19702
	Newark DE 19702
	Phone (303) 368-1398 Fax
	Emailbld.89@yahoo, com
4.	Name of Operator - same as above -
	Mailing Address
	Phone Fax
	Email

 $^{^{\}rm 1}$ Documentation will be required to substantiate import capabilities into PJM

5.	Advanced Solar Heating & Air Conditioning Mailing Address William Tidaback	
Mailing Address William Maback		
	307 N. Bridgest #216	
	Elkton MD 21921	
	Phone (302) 731-1000 Fax	
	Email butchtdaback @ gmail, com	
6.	Name of REC/SREC Owner W. Bruce Davison	
	Mailing Address 18 Palo Lane	
	18 Palo Lane Newark DE 19702	
	Phone (3(b)) 368-1398 Fax	
	Email_ bld89@yahoo.com	
7.	List all PJM-EIS GATS State Certification Numbers assigned to this facility:	
8.	Operational Characteristics:	
	Fuel Types Used (check all that apply):	
	☐ Gas combustion from the anaerobic digestion of organic material	
	☐ Geothermal	
	☐ Ocean, wave or tidal actions, currents, or thermal differences	
	☐ Qualified Biomass ⁱ	
	☐ Qualified Fuel Cells ⁱⁱ	
	☐ Qualified Hydroelectric ⁱⁱⁱ	
	☐ Qualified Methane Gas captured from a landfill gas recovery systemiv	

Solar	
☐ Wind	
If co-firing, provide the formula on file with PJM Environmental Information	
Services, Inc. (PJM-EIS)	
Rated Capacity (in megawatts - DC)	
If multiple fuel types are utilized, attach the formula for computing the portion of output per fuel type by megawatts per hour generated.	
Facility Final Approved Interconnection Date 8/3/16	
If co-firing with fossil fuels, co-fire start date	
If co-firing with fossil fuels, attach the allocation formula on file with PJM.	
Is the Applicant's facility customer-sited generation ^v ? ✓ Yes □ No	
Is the Applicant's facility a community owned generating facility ^{vi} ? ☐ Yes ✓ No	
Can the output from the customer-sited generation be appropriately metered? Yes No	

9.

50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?		
☐ Yes* No		
Advanced Solar Heating + Company Name of Installer A/E	Signature of Company Representative	
307 N. Bndge St #216 Address Elkton MD 21921 Address	William H. Tolaback Print Name of Company Representative	
facility identified o If the supplier's invoice shows on the company's matching PO that used/installed, must also be supp o If using a master invoice, a record	Delaware manufactured equipment with this aly a coded Purchase Order (PO) number, a copy of includes the address where the materials were	
11. If the Applicant's installation is solar	r or wind sited in Delaware:	
a. Was the facility physically constconsists of at least 75% Delawa☐ Yes*☐ No	tructed or installed with a workforce that are residents?	
b. Does the installing company en who are Delaware residents?	nploy, in total, a minimum of 75% workers	
Yes* No Advanced Solar Heatingt Company Name of Installer A/C 307 N. Bridge St 4216 Address Elkton MD 21921 Address	Signature of Company Representative Milliam H. Tidaback Print Name of Company Representative	
,		

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of

^{*}If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.

I, William H Tidaback (print name) hereby certify under penalty of perjury that

- 1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
- 2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
- I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
- 4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
- 5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: <u>Allum Allum</u>	
Date: 9/28/16	
Dute.	

Required Documentation:

If the facility is customer-sited generation, attach a copy of the utility's Final Approved Interconnection Agreement

 One copy of U.S. Department of Energy, Energy Information Administration Form EIA-860, if rated capacity is >1.0 MW

- Increased production of landfill gas from production facilities in operation prior to January 1, 2004 demonstrates a net reduction in total air emissions compared to flaring and leakage;
- 2. Increased utilization of landfill gas at electric generating facilities in operation prior to January 1, 2004 (i) is used to offset the consumption of coal, oil, or natural gas at those facilities, (ii) does not result in a reduction in the percentage of landfill gas in the facility's average annual fuel mix when calculated using fuel mix measurements for 12 out of any continuous 15 month period during which the electricity is generated, and (iii) causes no net increase in air emissions from the facility; and
- Facilities installed on or after January 1, 2004 meet or exceed 2004 Federal and State air emission standards, or the Federal and State air emission standards in place on the day the facilities are first put into operation, whichever is higher.

¹ "Qualified Biomass" means electricity generated from the combustion of biomass that has been cultivated in a sustainable manner as determined by Delaware Department of Natural Resources and Environmental Control (DNREC), and is not combusted to produce energy in a waste to energy facility or in an incinerator.

[&]quot;"(Qualified Fuel Cells" means electricity generated by a fuel cell powered by Renewable Fuels, as that term is defined in Section 1.0 of the Rules and Procedures to Implement the Renewable Energy Portfolio Standard, Delaware Public Service Commission Regulation Docket No. 56.

[&]quot;" "Qualified Hydroelectric" means electricity generated by a hydroelectric facility that has a maximum design capacity of 30 megawatts or less from all generating units combined that meet appropriate environmental standards as determined by DNREC.

[&]quot;Qualified Methane Gas" means electricity generated by the combustion of methane gas captured from a landfill gas recovery system; provided, however, that:

^v "Customer-sited Generation" means a generating unit that is interconnected on the end use customer's side of the retail electricity meter in such a manner that it displaces all or part of the metered consumption of the end-use customer.

[&]quot;"Community-owned Energy Generating Facility" means a renewable energy generating facility that has multiple owners or customers who share the output of the generator, which may be located either as a stand-alone facility or behind the meter of a participating owner or customer. The facility shall be interconnected to the distribution system and operated in parallel with an electric distribution company's transmission and distribution facilities.

Documentation Required for Delaware Labor/Workforce Bonus

- 11. If the Applicant's installation is solar or wind sited in Delaware:
 - a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by

Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Name	Home Address City, State only (As per Tax Withholding)	Social Security Number (Last 2 digits only)
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	/	

Total Delaware Resident Employees:	Total Number of Employees:	
% of Delaware Residents (Delaware Residents Divi	ded by Total Employees):	30

Documentation Required for Delaware Labor/Workforce Bonus

11. If the Applicant's installation is solar or wind sited in Delaware:
b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?
If you answered yes to "b." above, complete the following as evidence:

Installation Company Name
employed the following individuals (list EVERY employee on the payroll during the period from
project start date until project completion date). Projects are considered complete upon final
interconnection approval to operate. (Attach additional sheets if necessary)

Project Start Date:_____ Project Complete Date:_____

Employee Full Name	Home Address City, State Only (As per Tax Withholding)	Social Security Number (Last 2 digits Only)
	1	
	MM	
	//	

Total Delaware Resident Employees:	Total Number of Employees:
% of Delaware Residents (Delaware Residents Divided by To	tal Employees):



PART 2

DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection (Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW) (Final Agreement - must be completed after installation and prior to interconnection)

Certificate of Completion¹¹

INTERCONNECTION CUSTOMER CONTACT INFORMATION		
Customer Name: W. Bruce Davison		
Mailing Address: 18 Palo Lane		
City: Newark State: DE Zip Code: 19702		
Telephone (Daytime): (302) 368-1398 (Evening):		
Telephone (Daytime): (302) 368-1398 (Evening): E-Mail Address:		
FACILITY INFORMATION		
Facility Address: 18 Palo Lane		
City: State: DE Zip Code:		
DPL Account #: 3500 7779 683 Meter #: NX H 106750165 -		
Energy Source: Solar PV Prime Mover: PhotoVoltarcs		
Inverter Type: Forced Commutated Line Commutated		
Number of Inverters:		
Inverter Manufacturer: <u>Solaredge</u> Model Number(s) of Inverter: <u>SE 10000 A - US</u>		
Rating DC Generator Total 12 Nameplate Rating: 9,9 (kW), AC Inverter Total 13 Rating 10000 (kW), AC System Design Total Capacity 14: 9,9 (kW) (kVA)		
Generator (or PV Panel) Manufacturer, Model #15: Hyundac 275W		

¹¹ Information entered here on Certificate of Completion (Part 2) must match part 1

¹² Sum of all generators or PV Panels

Sum of all generators of PV Panels

Sum of all inverters

This will be your system design capacity based upon your unique system variables.

If more than one type, please list all manufactures and model numbers.

EQUIPMENT INSTALLATION CONTRACTOR Owner (Customer) Installed: Yes Yo
Contractor Name: Advanced Solar Heating and Sir Conditioning
Mailing Address: PO BOX 7765
City: Nawark State: DE Zip Code: 19714
Telephone (Daytime): 3007 731-/000 (Evening):
Telephone (Daytime): 309 731-1000 (Evening):
FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE
The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below. Signed: Date 27 2016 Printed Name:
Printed Name: _ Oruce Valison
Check if copy of signed electric inspection form is attached
ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)
The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:
Electric Distribution () Yes (HC) No () Test: 15:01:39 -04'00' Passed: (Initial) ()
EDC Signature: Date: 8/3/2016
Printed Name: Harry Cabell Title: Acct Coordinator